

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

030832

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		0		1		
7		0		1		
8	1		1			
9		1		1		
10		1		1		
11		3		1		
12		0		1		
13				1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DER.	17	↓	10	↓		↓
TOTAL CLAIMS	19		12			

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY